

WIRAC Oral Testimony in Support of S.B. 284 #1

Co-Chair Moore, Co-Chair Abercrombie, ranking and esteemed members, my name is Jacob Gonzalez. I am a member of the Yale Law School Worker and Immigrant Rights Advocacy Clinic, which represents Connecticut Students for a Dream, a youth-led statewide network advocating for the rights of undocumented youth and their families. Today, I am speaking in support of Senate Bill 284, which presents a historic opportunity for this body to ensure that no child in Connecticut is denied the ability to see a doctor or nurse when they are sick or vulnerable.

S.B. 284 is not only the right thing to do morally, but fiscally, too. It will reduce Connecticut health care spending in the long term.

In 1986, Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA), which mandates that Medicare-participating hospitals provide access to emergency services for all patients, regardless of their ability to pay. Yet because the EMTALA's scope is limited to emergency medical interventions, undocumented patients, including undocumented children, often have no way to receive medical attention outside the emergency room. So, too often, they must delay seeking the care they need until their conditions become much more serious and more costly to treat. Shifting toward prevention and early diagnosis and treatment would avoid or reduce Connecticut's health care costs over time.

In expanding HUSKY to include pregnant and post-natal women and children under 9 years of age without regard to immigration status, Connecticut last year took vital first steps toward lowering Connecticut health care spending and protecting the health of all Connecticut residents. But we must now ask ourselves: What makes a 9- or 10-year-old less deserving of medical care than an 8-year-old? Asthma and diabetes don't discriminate between the bodies of eight- and nine-year-olds. Nor does COVID-19. No matter how old they are or where they were born, every child in Connecticut needs preventive care. And it's in our state's fiscal interest to give them it.

Therefore, I urge you, to vote for S.B. 284. Help us make it so that no child in Connecticut is denied access to the medical care they need.

WIRAC Oral Testimony in Support of S.B. 284 #2

Co-Chair Moore, Co-Chair Abercrombie, ranking and esteemed members, my name is Debbie Rabinovich. I am a member of the Yale Law School Worker and Immigrant Rights Advocacy Clinic, which represents Connecticut Students for a Dream, a youth-led statewide network advocating for the rights of undocumented youth and their families.

Connecticut has clear legal authority to enact S.B. 284. Although federal funds may not be used to provide non-emergency health care to undocumented immigrants, states and local governments may use their own funds to extend Medicaid and CHIP coverage to undocumented children. As of 2020, six states—California, Illinois, Massachusetts, New York, Oregon, and Washington as well as the District of Columbia—cover income-eligible children in Medicaid/CHIP who are otherwise ineligible due to immigration status. These states have children's coverage rates well above the national average, while the percentage of uninsured children in Connecticut is among the highest in the North East, particularly in comparison to New York, Rhode Island, and Massachusetts.

The age breakdown of undocumented children means that it is critical to build on last year's efforts to bring HUSKY coverage to children under 9. In terms of demographics, undocumented children make up only 5% of the national undocumented population, but in general, given the many challenges of migrating, there are more older undocumented children than younger undocumented children. Undocumented children face many challenges, including having no right to court-appointed counsel, facing a confusing and complex court and detention system, and an absence of legally binding regulations to protect unaccompanied children in custody. These problems take unique psychological toll on young minds and bodies, and lack of healthcare access should not add to these already disturbing challenges.

Finally, S.B. 284 is a critical component of building a post-pandemic infrastructure for healthcare access. Though COVID has become our new normal, there are untold long-term effects of COVID on children and families. These effects are not yet fully understood, both from a medical and social perspective. What is evident from a legal perspective is that we have the capacity to build policy infrastructure that can support a vast range of COVID-related outcomes. As we seek to recover from the health care crisis that has radically disrupted the past two years, during which we learned the value of being proactive rather than reactive, it is critical to ensure that all children have health care access.

We have an obligation, not only to meet the standards set by other states, but to become an example for health access for children. Now is the time for Connecticut to join our neighbors and our peer states on the Pacific Coast. Please vote to ensure that no child is ever again refused medical attention because of where they were born or how much money their parents are paid.